

# **EXHIBIT 1**

Mandatory fields are marked with a red indicator.

### Affirmative Action Invitation to Self-Identify

#### ———Affirmative Action Invitation to Self-Identify

Submission of this information is voluntary. Refusal to complete it will not subject you to any adverse treatment. Please read additional guidelines below.

\*Please select one of the options below:

I choose to volunteer this information

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, veteran status or disability. This organization is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require us to invite job applicants and employees to voluntarily self-identify their race/ethnicity and gender. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes

**THIS IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORMS.**

If you chose not to self-identify at this time, the federal government requires this employer to determine the information asked below by visual survey and/or other available information.

\*First name

Lisa

\*Last name

Menninger

Gender

Female

Race/Ethnicity

White (not Hispanic or Latino)

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## Voluntary Self-Identification of Disability pg1

## Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 01/31/2017

Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to all. We need to know if you have a disability or if you ever had a disability. Completing this form is voluntary, but we need to know. Your information will not be used against you in any way. If you already work for us, your answer will not be used to update their information every five years. You may voluntarily self-identify as having a disability at any time.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits one or more major life activities.

Disabilities include, but are not limited to:

• Blindness	• Autism	• Bipolar disorder
• Deafness	• Cerebral palsy	• Major depression
• Cancer	• HIV/AIDS	• Multiple sclerosis (MS)
• Diabetes	• Schizophrenia	• Missing limbs or partially missing limbs
• Epilepsy	• Muscular dystrophy	

\* Please check one of the boxes below:

NO, I DON'T HAVE A DISABILITY

\* Your Name

Lisa A. Menninger

\* Today's Date

08/17/15

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## Voluntary Self-Identification of Disability pg2

### **Voluntary Self-Identification of Disability** **Form CC-305** **OMB Control Number 1250-0005** **Expires 01/17/2017**

#### **Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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i Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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## VEVRRA Invitation to Self-Identify

### VEVRRA Invitation to Self-Identify

Submission of this information is voluntary. Refusal to complete it will not subject you to any adverse treatment. Please read additional guidelines below.

\*First name

Lisa

\*Last name

Menninger

\*Date Completed (MM/DD/YY)

08/17/15

PPD is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, 38 U.S.C. 4212 (Section 4212), as amended, which requires Government contractors to take affirmative action to employ and advance in employment: (1) Qualified disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

1. Qualified disabled veteran: someone who has the ability to perform the essential functions of the employment position with or without reasonable accommodation, and also is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability

2. Recently separated veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from activity duty in the U.S. military, ground, naval, or air service.

3. Active duty wartime or campaign badge veteran: a veteran who served in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

4. Armed forces service medal veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to Section 4212, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to Section 4212.

☒ I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):  
☐ I AM NOT A PROTECTED VETERAN

If you select "Recently Separated Veteran", please note date of separation.

Date:

—

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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